GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:603
ANSWERED ON:27.07.2005
IMMUNIZATION PLAN
Adsul Shri Anandrao Vithoba;Singh Shri Ganesh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether experts have questioned the immunization plan as its emphasis on the polio campaign has sidelined the routine immunization plan as reported in the `Hindu` dated July 1, 2005 ;

(b) if so, the details of the facts reported therein;

(c) whether diseases including diphtheria , poliomyelitis, whooping cough and measles have increased over the years;

(d) if so, the response of the Union Government in this regard; and

(e) the corrective measures taken by the Union Government in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) &(b) No Sir, the Polio Campaign has not sidelined the Routine Immunization Programme. However, experts have advised for measures aimed at further improving the implementation of Routine Immunization Programme in the States with the objective of achieving 100% immunization.

(c) The trend in the country for the last 5-6 years shows that Whooping Cough, and Measles cases have remained static and Poliomyelitis has declined significantly. However, there has been an increase in number of Diphtheria cases. In 2003 the reported Diphtheria cases were 4237 as against 8465 in 2004.

(d) & (e) In order to further strengthen Routine Immunization certain initiatives have been taken. The Routine Immunization strengthening is also one of the thrust areas in National Rural Health Mission. The measure taken to strengthen Immunization programme are :-

i) Mobilization of children in the session site by Accredited Social Health Activist (ASHA)/ Aganwadi Worker (AWW) etc,

ii) Strengthening the immunization services in urban slums,
iii) Support for vaccine delivery in outreach sessions,

iv) Introduction of Auto Disable Syringes in immunization for all antigens,

v) Introduction of 10 doses BCG in place of 20 doses to ensure availability of BCG in session sites.

vi) Strengthen supportive supervision and monitoring.